
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

MEETING SUMMARY
Thursday February 6, 2003
1:00 p.m.-5:00 p.m.
St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA

MEMBERS PRESENT

Mario Perez	Jeff Bailey
Dean Goishi	Vanessa Talamantes
Chi-Wai Au	Sergio Avina
Richard Browne	Tony Bustamante
Cesar Cadabes	Edward Clarke
Mark Etzel	Kelly Gilmore
Shawn Griffin	Edric Mendia
Veronica Morales	Vicky Ortega
Keisha Paxton	Efrain Reyes
Ricki Rosales	Gail Sanabria
Kathy Watt	Tom West
Richard Zaldivar	David Zucker

ABSENT

Buddy Akin
Gordon Bunch
Kellii Trombacco
Rodolfo Zamudio

STAFF PRESENT

Elizabeth Escobedo	Gabriel Rodriguez	Darren Roberts
Delia Sandoval	Rene Seidel	

I. ROLL CALL - Roll call was conducted. A quorum was present.

II. COLLOQUIA PRESENTATION –

Fen Rhodes, Ph.D. presented on “A Cognitive-Behavioral Intervention to Reduce HIV Risks Among Active Drug Users”

The Presentation next month will be “Implementation of the National Behavioral Surveillance System to Monitor HIV Risk Behaviors in Los Angeles County.” By Trista Bingham, Seroepidemiology Unit Chief and Denise Fearman Johnson, Epidemiologist from HIV Epidemiology Program

Dr. Fen Rhodes’ intervention was selected by the Centers for Disease Control (CDC) as a program that works. These are programs where the outcome data has suggested that the intervention has been proven to be efficacious with a specific target group. Dr. Rhodes was one of the founding directors of the Center for Behavioral Research and Services at Cal State University Long Beach.

Dr. Rhodes presentation will be available at CHIPTS website and may be obtained by contacting Ky Koussey at (310) 794-0448. The name of the intervention is “Safety Counts”

Questions and Answers:

- Dr. Rhodes responded to a question that those tested were referred to a Recovery Home and the referral was built into the intervention.
- Dr. Rhodes responded to a question that the fact that the participants wrote down their goal and the first thing they were going to do first toward that end had an impact and was an important part of the intervention.

- Dr. Rhodes affirmed that the role of the outreach worker was to work with the participant and provide individual support and interest in his progress. There is evidence that social support received from a sponsor is a very important element in attempting to change behavior.
- In response to a question about the amount of funds to develop the intervention, Dr. Rhodes responded that a large portion of the funds went to support the research staff who was administering the interviews. Dr. Rhodes asked that anyone interested could see him after his presentation.
- Dr. Rhodes said that the CDC is developing staffing requirements for the intervention. However, they are not writing enough on the incentive structure. His attempt in conducting this presentation was to articulate the importance of the incentives.
- Dr. Rhodes acknowledged that there are some models in which a number of interventions are conducted in conjunction with CBOs. The heavier incentive structure is what keeps the participation going and in addition to the intense staffing there is a need to stay in contact with the participants.
- Dr. Rhodes responded to a question about the challenges in writing the scenarios that the scenarios were written differently. The role model stories were not written in the normal way other interventions are written. A participant was paid \$25 to tell his story. He was videotaped. Dr. Rhodes asked several questions. The tape was edited taking out the person asking the questions and editing about half of what the participant said. The outcome of the video looks like a spontaneous model by the person. A little different from the approach used in constructing role model though the effect is about the same.
- Much of the epidemic in Los Angeles is fueled by non-injection substance use. Do you think this model could be replicated to that population? Dr. Rhodes answered that he felt that it could because the study was tested for IDUs and non-IDUs and it worked for both.

III. APPROVAL OF AGENDA

The Committee approved the agenda.

IV. APPROVAL OF MEETING SUMMARY

The meeting summaries for December 5, 2002 and January 7, 2003 were approved.

V. PUBLIC COMMENT

Jeff Bailey announced that starting with the March PPC meeting, those wishing to continue to receive notices for the PPC meetings, should fill out the form that was made available. One fax per agency site will be sent.

Tim Young from the Asian Pacific AIDS Intervention Team, announced that Jerry Candelario has been selected as the APAIT Executive Director.

VI. HIV PREVENTION PLAN UPDATE

♦ Prevention Plan AD HOC

Diane Brown reported that the Needs Assessment process consists of three distinct parts. The Needs Assessment (There is a needs assessment within the Needs Assessment which entails looking at data to characterize the target populations or BRGs), the Resource Inventory, and the Gaps Analysis. The committee developed a series of questions to guide the process. The questions are:

- What are the HIV related risk behaviors of the target population?
- To what extent is each population engaging in specific high-risk behaviors?
- What are the barriers that make it difficult to reach each priority high-risk group?
- What barriers to accessing or using prevention services do members of the target population experience or perceive?
- To which extent is each priority high risk group participating in HIV prevention activities that address these high risk behaviors and are they aware of transmission modes?
- What is the likelihood of future participation in HIV prevention activities for each priority high-risk group?
- What strategies or interventions work best with the target population?
- What HIV prevention or related services are available, accessible, and appropriate for each BRG?

Ms. Brown said they would like the Needs Assessment to be a SPA based needs assessment. They want to characterize the populations by BRG, and look at the differences and special needs between each SPA.

Some of the other tasks are to ensure they capture all of the BRGs relying on what the Needs Assessment process indicates. Also, to study plans from other jurisdictions to see if there are other BRGs that were included. However, funds need to be distributed based upon what is learned in Los Angeles County.

The Needs Assessment committee was split into four working groups. A group guided by **Gordon Bunch** has the responsibility to look at existing data to characterize the BRGs. The group with the task of collecting new data that is needed to answer questions and fill in the gaps about unknown information regarding each BRG is headed by **Buddy Akin**. **Diane Brown's** group will be completing the Resource Inventory. **Royce Sciortino's** group has responsibility of looking at interventions that can be used in Los Angeles County.

Resource Inventory

The responsibility of the Resource Inventory group is to study existing resource guides, sources, and services that are available for each BRG within each SPA. The group is utilizing data from programs funded by OAPP and the guide completed by APLA.

Tom West asked if there was going to be a time to discuss the content of the interventions used for each BRG and make recommendations in broader terms? Such as one-on-one, how to use a condoms, the psychosocial issues of sex and how desires and needs impact decision-making, self-esteem, peer pressure, etc.? Mr. West said he hoped that issues that impact sexual behavior decision-making crosses all BRGs and that those issues are addressed.

Ms. Brown responded that previously the Standards and Best Practices group was working on that and someone who worked in that sub-committee may have a better idea of how detailed they are going to be in terms of making recommendations for interventions. She did not think that level of detail would be possible at this stage.

Keisha Paxton said that there may be some general recommendations, but she did not know that they were specific.

Mario Perez mentioned that the broad description of the intervention types and the recognition to continue to rely on, individual (ILI), group (GLI), and community level interventions (CLI) suggest that even broad recertification is necessary. The expectation during the development of the Plan is to identify and recommend which interventions and strategies are most effective with specific BRGs. **Mr. Perez** said that it is not his expectation that the new Plan would cover the level of detail that was articulated earlier.

Interventions:

Cesar Cadabes reported that they are taking inventory of interventions currently used by BRGs in Los Angeles County. In reference to ILI and GLI, given the timeframe they may not be able to address certain components of the interventions. For instance, for HIV positive individuals there would be skills building on disclosure or for MSM skills building on common negotiation or condom negotiation. Those components are very detailed. So, they are being more general in terms of increasing basic knowledge, skills building, isolation, etc. The challenge for interventions is to come up with recommendations of effective interventions but there is not a lot of information out there. There are a lot of interventions being utilized in Los Angeles and the challenge is gathering information of how effective those interventions currently are.

A question was asked that based on the presentation today if the substance use intervention, was anything that Alcohol & Drug Program Administration (ADPA) could see as a programming element in collaboration with OAPP.

Richard Brown responded that as he was listening to the presentation he was contemplating how to utilize the intervention presented today, to see if an impact could be made in the injection drug use population through a similar program. That intervention would lend itself more to the treatment programs and the methadone programs. **Mr. Brown** said that another issue to consider is the cost. In working with that population they employ every opportunity they can in terms of risk reduction activities, concepts, and try to make an impact and get them into long term treatment.

VII. SUB-COMMITTEE REPORTS

◆ **Joint Public Policy**

Mark Etzel reported they discussed current policy issues. There is no federal budget in place. The State budget was also discussed. Some staff from APLA has met with different budget committee legislators. Others are conducting legislative visits. At their next meeting they will be focusing on a State budget strategy. The committee will be considering developing a message because although there were cuts to prevention there are many cuts to other programs.

The Commission has earmarked resources for staff support. Obtaining appointment schedules, accomplishing specific tasks, and doing some of the groundwork requires consistent involvement by someone. Part of the challenge is getting someone to coordinate essential issues to present the best case to either the Board or State officials. The committee is trying to determine how to build in the level of support. **Mr. Etzel** declared that although large portions of the attendees are Commission members, he continues to ensure that there is focus on prevention issues as well.

Rapid Testing Forum - February 14, 2003 - St Anne's.

A day event forum sponsored by CHIPTS, the State Office of AIDS, and the Health Research Association to look at maximizing the impact of Rapid HIV testing will be held. The implications for Rapid Testing and a strategy to develop linkages will be discussed. There will be a panel of people who work in the area of rapid testing.

PPC Member Representative to Board of Supervisors/Health Deputies

Vanessa Talamantes reported that the Joint Public Policy Committee and the Executive Committee will be working on a communications strategy to determine ways in which to strengthen the relationship with the Chief Elected Officials particularly, the Board of Supervisors and Health Deputies. The Commission has specific representatives from each of the Supervisorial Districts. The PPC does not have representatives similar to the Commission.

ACTION: A PPC member either from the Joint Public Policy Committee or a PPC member will be identified to be part of the team that will be meeting with the Health Deputies or the Board on a regular basis.

◆ **Youth Leadership**

Sergio Avina reported they are focusing on how to provide assistance with the development of the HIV Prevention Plan. Several members are attending the Prevention Plan ad hoc meetings. The committees other focus is on the creation of a document (in conjunction with Reach LA) to train and orient youth, newcomers, and others. They are holding working group meetings on a monthly basis.

They are working closely with Advocates for Youth and others conducting similar work across the Country. Their abstract was accepted at CPLS and Ryan White Youth Conference. Chi-Wai Au and Ricki Rosales are presenting at the Ryan White Youth Conference. Chi-Wai Au is representing the Youth Leadership sub-committee at CPLS. The mobile meetings have proven to be effective. The purpose in having mobile meetings is to introduce the Youth Leadership sub-committee meeting and the PPC to individuals from agencies that are currently working with youth and also to recruit newcomers. They will be holding first time meetings at ALTAMED and another at Catalyst Foundation in Lancaster. **Chi-Wai Au** reported they have conducted small workshops to encourage youth to develop abstracts.

It was mentioned that Tarzana Treatment Center is opening a youth facility in Lancaster in March 2003. Common Ground also recently opened a youth drop in center.

◆ **Retreat Ad Hoc**

Cesar Cadebes reported that the Retreat would now be referred to as PPC Summit. The PPC Summit will be held at the Hilton in Calabasas. The May 1, 2003 PPC meeting has been moved to April 30, 2003, from 12:00 p.m. to 5:00 p.m. On that day the PPC will have a PPC meeting and a pre-summit meeting, to finalize decisions about the Prevention Plan. A concern was previously expressed about a CDC community based meetings occurring during the same time, however the Western Regional meeting which was scheduled for San Francisco was canceled.

◆ **CHHS Update**

Edric Mendia reported that the commission has focused on the implementation of the HIV Interface Technology Systems (HITS). The County of Los Angeles received funding to implement an internet based ID system that would allow for providers to input data related to testing eligibility to make referrals through the internet. The implementation date is July 1, 2003. This will impact the work on the Care side in terms of eligibility as well as case management in terms of referrals and the prevention work in terms of entering monthly reports and entering testing data. There was assurance that everything that is being done is at least as secure as what currently exists with respect to IMAX. The new system will be in compliance with national security standards.

Edric Mendia reported that a lot of the work that is being conducted by the Commission's Committees is focused on developing budgets. The Commission has financial resources to support their work and potentially may have staff so part of the work that is occurring now is trying to quantify the Committee work. A good part of the last Commission meeting focused on a report by their Finance Committee on how to develop the budgets.

Mr. Mendia indicated that they have also discussed the need for advocacy around non-name base reporting. Since implemented in July 2002 there have been 24,000 lab reports submitted. It was mentioned that even though Los Angeles County has about 33% of the AIDS cases relative to California, only about 12% of the HIV cases are being reported.

Mario Perez pointed out that over the next couple of years it would become increasingly important to document the local HIV impact. There could be a significant impact on local resources if Los Angeles County does not fully comply with the State mandate.

Vanessa Talamantes mentioned that the first draft of the Commissions consolidated work plan, which includes the Commissions major role and responsibilities, was recently presented. The document will be distributed at an upcoming Commission meeting.

ACTION: Ensure a copy is provided to the PPC.

Jeff Bailey mentioned that the Executive PPC and Commission held a joint meeting on Monday to discuss the Membership Task Force recommendations of merging the Commission and the PPC into one body. A discussion was started on how to approach those recommendations. **Mr. Bailey** mentioned that it is important to have a discussion about what it means for these two bodies to merge and how they relate to one another. In May 2002 a Joint PPC and Commission meeting was held and the recommendations were discussed. Those who attended the meeting in May were given copies of the document.

ACTION: Copies of the Membership Task Force recommendation will be provided to all PPC members.

VIII. BREAK

IX. OAPP REPORT

Dean Goishi reported that the 2003 Prevention Technical Review and CDC Application has been received. Comments were received from the Los Angeles County Project Officer. The comments continue to illustrate and highlight the strengths of Los Angeles County. The response was completed and sent back to the CDC. The comment dealt with the membership gaps and how the PPC went about identifying gaps.

Progress Report

The progress report is due April 1, 2003 to CDC. Elizabeth Escobedo has sent out messages to all the chairs of the various committees for information, accomplishments, and changes in the objectives for 2002. Those remarks are due on February 10, 2003.

CPLS

The National Minority AIDS Council (NMAC) is providing stipends for travel subsidy to CPLS. The deadline for the application is February 13, 2003. The individual in charge at NMAC is Ruben Cantu. For more information contact Dean Goishi.

Capacity Building

The Northern California Grantmakers AIDS Partnership California is providing training on capacity building with grants up to \$20,000 for CBOs for prevention for positive programs. The due date is February 17, 2003. Irma Moreno of that agency is handling the grant applications. For More information contact Dean Goishi.

HIV/STD Integration

HIV/STD integration meetings that were requested by the PPC will continue in 2003. **Dean Goishi** reported that they are integrating and eliminating some of the duplication in the intake process and data reporting forms.

Tony Bustamante added that as of today the STD program has trained over 60 HIV pre-post Counselors in phlebotomy to draw blood. Today training in Spanish is being conducted. There were 28 participants.

Mario Perez announced that STD and OAPP were on a conference call to get everyone on board with the direction of the CDC. CDC has launched a 9-point implementation plan to address the syphilis outbreaks in 8 cities (New York, Los Angeles, Houston, Philadelphia, Miami, Seattle, Fort Lauderdale, and Atlanta). The 8 cities have at least 100 cases of syphilis among HIV positive men. The nine-point plan will be shared within the next week with the jurisdictions. Teams will be deployed to each of the 8 cities to assess, identify the need, and observe what responses are currently in place within the local jurisdictions. Epidemiological, behavioral and program assessment in each of the 8 cities will be conducted. The timeline will be anywhere between 4 to 6 weeks from now.

ACTION: Obtain a copy of the nine-point plan and share with PPC members.

Tony Bustamante declared that based on the conference call, they have to prioritize their own resources in terms of what they are doing in other areas of STD control, such as chlamydia follow-up, etc. Neighboring counties, San Bernardino and Riverside have recently issued syphilis alerts. They have started media campaigns similar to what Los Angeles County has had on going since the outbreak. The CDC may be willing to commit some additional resources to the syphilis outbreak. There is an article of the emergency syphilis in Newsweek Magazine that is going to be coming out. The STD program is reporting on a monthly basis the STD morbidity in Los Angeles County. **Mr. Bustamante** indicated that he is going to place all the PPC members on the mailing list so they can receive a copy of the STD morbidity report.

Needle Exchange

Mario Perez announced that the Office of the Public Health Director extended an invitation to OAPP to re-establish discussion related to needle exchange certification locally. The Office of the Public Health Director plans to release an RFP over the next two months that allows existing needle exchange providers to respond and apply for certification of their needle exchange program. There was a draft document within DHS but it has not been shared with OAPP. It appears that this may be the first in a series of steps to enhance the needle exchange response locally. The certification process at this point would not be tied to any specific resources. In the past there was some expectation that tobacco settlement funds might be an option to help support needle exchange programs. Locally, that option has essentially disappeared. Aside from providing some level of protection to the programs, the certification process intends to conduct an assessment of the program to ensure adequate policies and procedures are in place and safety precautions (proper disposal methods the universal precautions) are adhered to. It is also expected that there will be a membership card given on behalf of the Office of Public Health Director to the programs that are certified.

Mario Perez mentioned that for several years OAPP has attempt to obtain written documentation from CDC that allows OAPP to invest local resources in needle exchange programs. CDC has verbally acknowledged that they support needle exchange and would not have a problem with OAPPs investment. OAPP has been hesitant to make any specific investment in needle exchange efforts because written documentation has not been received.

Mr. Perez explained that since 1995 the City of Los Angeles has largely supported needle exchange in Los Angeles. That funding has supported programs largely within city limits. Their continued investment in the Needle Exchange Program is an important compliment to the HIV prevention programs. He hopes to have more information about the Needle Exchange Program and Needle Exchange Certification. It is the opinion of OAPP that needle exchange programs are important and would support those efforts to a greater degree if the means were there.

Q. Is certification mandatory or voluntary?

- A. *At this point certification is voluntary. An agency must have an existing needle exchange program to apply for certification.*
- Q. What are the advantages of being certified if it is not tied to funding and not mandatory?
- A. *At some point there may be a possibility of being able to secure resources to help enhance needle exchange programs. It may be limited to disposal of syringes. It is not expected that there will be resources in the initial phase of the certification program. OAPP hopes to support training, staff development, and some of the disposal issues.*
- Q. Who will be conducting the certification program?
- A. *The Office of the Public Health Director.*
- Q. A concern was expressed that having the police department involved in some way and having the identification cards for participants may be just another identifier to the police department. Currently, many are having trouble with sex workers being stopped in reference to condoms.
- A. *The Sheriff's Department has been at every working group meeting. Unfortunately, the attendance by the LAPD has been inconsistent. The endorsement of the Sheriff for the certification program has been secured. Historically, in some instances the cards have been used to indicate that the individual is a registered user of a public health intervention with information and a number to call if there are questions. The cards have been of benefit to some users and not necessarily a deterrent. If endorsed by the Public Health Department, the card will have a logo. Is anticipated that those details may benefit the client.*
- Q. Would the ID cards be anonymous?
- A. *There would be enough information to track the user with the card if it is lost. Some of those cards are currently in use by some programs.*
- Q. A question was asked if the LAPD participation has not changed with the change of leadership?
- A. *Mr. Perez responded that the last communication by LAPD was under Chief Willie Williams. There has been no retraction of his endorsement of needle exchange programs so it is not expected that will change.*

Community Planning Guidance

Mr. Perez reported that the Community Planning Guidance is not yet in the federal register. CDC and a number of national partners including NASTAD are still discussing the details of the Community Planning Guidance. The document is used nationally by 65 jurisdictions including Los Angeles to guide HIV prevention planning. It has been revised to include 3 goals, 11 indicators and some data sources that measure the level of work conducted in comparison to other jurisdictions. The document will be reviewed with the PPC and REACH LA as soon as it becomes available. Since REACH LA will be developing some youth sensitive materials related to both the Community Planning Guidance and the HIV Prevention Plan.

Mr. Perez mentioned that a decision has been made not to have Reach LA develop materials at this point for youth based on existing materials since they will be changing soon. So, if there is delay in that process that is the reason.

Mr. Perez said that it is anticipated that there will be 12 concurrent sessions at CPLS to review the Community Planning Guidance and the Health Departments Guidance.

ACTION: It was recommended to review the Community Planning Guidance at the April PPC meeting.

X. CO-CHAIRS REPORT

◆ UCHAPS (Urban Coalition on HIV/AIDS Prevention Services)

▪ Action Item: Election of Community Co-Chair Alternate

David Zucker was nominated last month for UCHAPS alternate in the event that one of the community co-chairs would not be able to attend the UCHAPS meeting. At the last Executive sub-committee meeting Mark Etzel and Sergio Avina were also nominated. Mark Etzel was nominated because it was felt that the UCHAPS alternate position was in line with his role as Co-chair of the Joint Public Policy Committee.

A question was asked if serving as the UCHAPS alternate was a necessary condition for possibly being PPC Co-chair. It was clarified that at the last Executive sub-committee it was decided that was not going to be a condition.

Mark Etzel stated that although he appreciated the nomination, he wanted to be clear that even accepting or considering the nomination would not mean that he was signing on to possibly be a future PPC Co-

chair. He indicated that would be a struggle for him. Accepting the nomination was more with respect to the Committee he is involved with and that Committee's area of focus. Mr. Etzel mentioned that he was hesitant because he felt that David Zucker is very qualified as well.

David Zucker echoed Mr. Etzel's sentiments. In reference to the UCHAPS alternate position he said that all he could say beyond his record and the energy is that he has total respect for Mark Etzel whom has great qualifications.

A suggestion was made to consider both as alternates. Another suggestion was to split the 12 months between the two. **Dean Goishi** said that was not an option because of the UCHAPS by-laws. The UCHAPS alternate selected should be able to fulfill the obligations for a 12-month period. UCHAPS is looking for continuity and the representation from the community representative on an on going basis.

A vote was held to determine the UCHAPS alternate.

Motion: A motion was made, seconded, and passed to approve David Zucker as the UCHAPS community alternate.

♦ **COMMUNITY BREAKOUT UPDATE**

Jeff Bailey reported that a draft of the Community Breakout notes from November 2002 was in the packet.

ACTION: At the next Executive sub-committee action will be taken on some of those recommendations.

♦ **CONFERENCE UPDATES: CPLS, USCA, National HIV/AIDS Update**

2003 National HIV Prevention Summit – July 27 to 30, 2003 - Atlanta.

Abstract deadline has been extended to February 19, 2003. **Mr. Goishi** mentioned that there are several projects that can be showcased, such as co-morbidity, CPNs, Community Prevention Networks (CPN), the Innovative Prevention Interventions, the new Counseling and Testing techniques, the demonstration projects, and Rapid Testing, Faith Based Projects, etc.

Latino AIDS Conference

Alianza is sponsoring the 9th Latino AIDS Conference 2003 in Los Angeles, on April 12, at the Hyatt Regency. Abstracts are being accepted. The deadline is February 21, 2003. For more information see Paulina Zamudio from OAPP.

USCA – September 18 to 21, 2003 - New Orleans.

The abstract call is out and due in mid April.

National HIV/AIDS Update – March 30 to April 2, 2003 - Miami The conference is prevention and care related but is medically, scientifically, and research focused.

CPLS – March 12 to 15, 2003 - New York.

Dean Goishi reported that OAPP would be supporting six PPC members. The six PPC members were selected on the basis of abstracts submission and acceptance. Chi-Wai Au will be presenting an abstract on "Youth Participation at the PPC." The presentation will be a two-hour workshop. The project officer recommended bringing the leadership to this conference because of the CDC's intention to bring forth the Community Planning Guidance. The two PPC co-chairs, (Vanessa Talamantes and Jeff Bailey) the UCHAPS alternate and the chairs of the Prevention Plan ad hoc committee will be attending.

Tom West asked if any OAPP staff would be attending? And how many would be attending?

Dean Goishi responded that OAPP staff attending are primarily from Planning and Development Division. There are about 14 individuals from OAPP attending, including those who submitted and had abstracts accepted. Staff from OAPP submitted about 15 abstracts and seven individuals had abstracts accepted.

Kathy Watt commented that it is curious that going into the planning process and the number of meetings, the hours of work, and commitment from participants, that there would be twice as many staff as PPC members going to the conference. She wondered if there was a reason and how that gets figured out?

Dean Goishi answered that they were asked to look at who can go and commitments were made within the Office. The allotment for PPC members was given to the co-chairs and chairs of the various committees.

Mario Perez added that Los Angeles County historically has not had a strong presence at national planning conferences. There has been a commitment over the last few years to increase the presence at some of the national meetings to make sure that there is an opportunity to share some developments in the area of HIV prevention, and community planning. There is work conducted in Los Angeles that is new and creative to other jurisdictions. On the surface it may seem like the number of staff that is attending is significant. **Mr. Perez** reassured everyone that there is a lot of thought and consideration about who goes on behalf of the office. Of the people who are going on behalf of OAPP it is a span from 7 out of the 8 divisions in the office. All who have a very specific role in the delivery and improvement of the local HIV prevention response. OAPP feels that staff of OAPP not only should be present at some of these meetings to share some expertise but is also necessary to improve the response. CBO's have built into their own budgets training and travel opportunities for their staff for staff development and is an important step in terms of improving the response. OAPP has not denied requests of that nature.

The Director of OAPP, Dean Goishi, and himself are expected to attend through their roles with UCHAPS and other work. The UCHAPS meetings are scheduled around some of these national meetings. Seven OAPP individuals had abstracts that were accepted so they will be providing posters, workshops, or round table sessions. There are 10 people with various specific purposes and 4 additional OAPP staff identified to attend CPLS who are not presenting. Mr. Perez pointed out that in the context of looking at the overall representation he felt that was fair.

Kathy Watt commented that in terms of future conferences she hoped that attendance is spread among others.

Mario Perez said that no one was going on behalf of the office to Miami and the LA contingency to New Orleans has not been established.

Jeff Bailey encouraged PPC members to submit abstracts to New Orleans. He encouraged PPC members to work together to submit abstracts. Abstracts can be submitted on how the Summits are planned, the development of the Plan, the Colloquia, the integration of HIV/STD, and integration of care and treatment.

Dean Goishi encouraged the staff from the agencies to write abstracts. There were only two abstracts submitted outside of PPC members and OAPP staff for CPLS.

ACTION: A suggestion was made to conduct workshops on how to write an abstract and how to do a presentation.

XI. STATE OFFICE OF AIDS UPDATE

Gail Sanabria reminded everybody to attend the CHPG the State Office of AIDS advisory planning body meeting in Redondo Beach on April 29 - 30, 2003.

The CHPG recruited members for 10 vacancies. Over 50 applications were received. The applications were reviewed last week and recommendations were made to Michael Montgomery. Letters will be sent to those selected. Of the 10 selected, 8 are new individuals.

The State of California, Department of Health Services is recruiting members to its HIV Latino Advisory Board (LAB) to provide policy and programmatic guidance and recommendations in effective HIV education, prevention, care, treatment, research and epidemiology services for Latinos in California. The new Board will consist of 18 members. The application was included in the packet. The final date for submitting the application is February 20, 2003.

HIV reporting is up. As of December 31, 2002 there have been 9,155 unduplicated HIV cases reported from only 45 health jurisdictions. There are 61 Health Jurisdictions in the State of California. It is expected that those numbers will increase greatly. Most of the case reportings have been coming in very well; documenting the mode of transmission and have the last four numbers of the social security. **Ms. Sanabria** applauded the efforts of the local health jurisdictions surveillance staff. HIV reporting is mandatory in order to receive federal funds.

A California Corrections Initiative has just started. There were five CBOs within California. That number has been increased to eleven. The new ones are in the Los Angeles area serving the jails. There is a community based training meeting that is scheduled for April 14 and 15 in Long Beach. Anyone interested can contact Shirley Franklin from the Office of AIDS at 916-324-6497.

The State Office of AIDS is establishing an ELI Reporting Review Committee to discuss ELI reports and improve the ELI reporting system. They are asking for individuals who wish to join to contact Shanna Livermore at slivermo@dhs.ca.gov.

There are two PCRS brochures that are available at the California AIDS Clearinghouse. One is "HIV Exposure and How Can I Let My Partner Know?" the other is "HIV You May Have Been Exposed." Those are both available in English only but are being translated into Spanish and should be available in the Spring.

The State Office of AIDS is continuing to work with OraSure on how to get the rapid tests out to individuals. Cost will be a factor. If purchased in mass quantities, there may be a possibility to obtain them through the Clearinghouse.

Dean Goishi asked Ms. Sanabria for a list of the directly funded agencies from the State, for use in the Resource Inventory.

Mario Perez asked if there was a timeline for the release of Rapid Testing guidelines and subsequent training's by the State? Do you anticipate a lot of training happening before jurisdictions and agencies begin the use of rapid testing?

Ms. Sanabria responded that the guidelines are still being produced. Although the CLIA waiver was granted, there are still some loopholes. There are still some discussions going on between the labs and the State Office of AIDS. There will be guidelines and training's, hopefully before the end of the fiscal year.

Ms. Sanabria responded to a question that under the Governor's budget there would be a little over \$1 million cut. A plan was proposed on how to handle that. There is a \$1million contract with the Department of Education. The Department of Education is required through legislation to spend \$1 million of their budget on HIV education and prevention in the schools. Historically, the State Office of AIDS has been the funder but they decided to no longer be the funder and therefore would not be cutting actual programs.

Gail Sanabria cautioned that there is anticipation that the Senate and the Assembly both may take a harder stance on HIV/AIDS than the Governor did. The Governor has the ability to make some last minute changes within a certain percentage. However, there has been mention from his office that because of that \$4 million cut last year, he supports not cutting more than what has been proposed.

XII. COMMISSION REPRESENTATIVES

Jeff Bailey declared that there has been concern about the PPCs participation on the Commission from the PPC representatives. One of the representatives to the Commission has not been at a PPC meeting in a long time. He asked PPC members to consider participating as a PPC representative to the Commission.

ACTION: A discussion on nominating a PPC Representative to the Commission will be held in March 2003.

Jeff Bailey mentioned that there have been some bacteria resistant staph infections similar to the syphilis outbreak among HIV positive men. It is unknown if the cause is sexual contact or if the contact is through other means. It is a severe skin problem. Some are not responding to the traditional antibiotics. There is an article on gay.com about this infection since it was specifically related to gay men.

XIII. ANNOUNCEMENTS

On February 7, 2003, National Black HIV Awareness will be held at Leimert Park. On Saturday there will be a town hall meeting at Lucy Florence Coffee Shop to discuss disparities in health care in the African American community.

Kelly Gilmore announced that THE Teen clinic recently produced a play, called “Stigmas are You HIV Prejudice?” The play will be performed again. For more information call 323-295-6571 x 3053. There has been a lot of news coverage for years about students in middle school and high school getting caught around the bungalows giving each other oral sex. They have just now started to look at the issue again. There will be a community forum at THE Clinic. It is called “Between Class,” on February 13, 2003. It will be a very candid community forum with role-plays to discuss at risk behaviors.

Jeff Bailey announced that recently two demonstration projects and mobile units were funded. One was through Dr. Neva Chepat in the Valley Community Clinic. Her mobile unit is now out. The demonstration project from The Center will have a van, which will be arriving in two weeks. There will be two mobile unit projects screening for HIV, Hepatitis, Syphilis, Gonorrhea and Chlamydia.

Vickie Ortega said that on January 3, 2003 Prototypes sponsored a forum on “Women and HIV.” Data was covered in regards to zero prevalence rate as well as clinical manifestations that are specific to women. Yesterday Prototypes participated in the Early Intervention Programs conference for the State of California. Disparities we brought up in regards to prevention programs for women at risk. There was disparity noted in forensic data on how antiretroviral medication affects women. Many studies were not found referencing the facts of those medications on biological women and specifically on the body that is formed biologically male and is currently on hormone replacement therapy. If anyone has specific information on comprehensive prevention programs specific to women transgender, lesbian, and bisexual identified, and heterosexual let her know.

PPC members were reminded that if while attending community meetings or forums they come across useful data that may be used for the Needs Assessment process, to inform the PPC and obtain an extra packet and provide that data to the Prevention Plan ad hoc Committee.

XIV. CLOSING ROLL CALL

XV. ADJOURNMENT

The meeting was adjourned in remembrance of Morris Kite who passed a few weeks ago. He was a long time community leader and activist. The PPC held a moment of silence in his honor.

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